# National Fallen Firefighters Foundation Scholarship Application 1997-98 Academic Year

Application must be postmarked by April 1, 1997, for consideration

Please type or print all information. The Foundation considers all information strictly confidential. Please note that the Scholarship Committee will not consider incomplete applications.

| APPLICANT INI                     | FORMATION                  |                               |                  |
|-----------------------------------|----------------------------|-------------------------------|------------------|
| Applicant's Name:                 | Last                       | First                         | Middle Initial   |
| Mailing Address: _                |                            |                               |                  |
| City:                             | State:                     | Zip Code:                     |                  |
| Home Phone: ((Area Co             |                            | Daytime Phone: () (Area Code) |                  |
| Date of Birth:                    |                            | Social Security Num           | ber:             |
| FAMILY INFOR                      | MATION                     |                               |                  |
| Your Relationship to              | Fallen Firefighter:        |                               |                  |
| Fallen Firefighter's I            | Name:                      |                               | _ Date of Death: |
| Department:                       |                            | City:                         | State:           |
| ACADEMIC INF                      | ORMATION                   |                               |                  |
| Name of Institution Y             | You Will Attend, (if cu    | ırrently known):              |                  |
| Mailing Address:                  |                            |                               |                  |
| City:                             | State:                     | Zip Co                        | de:              |
|                                   | a Code)                    | stimated Date of Graduation   | :                |
| Course of Study:                  | (4-year/ 2-year/technical) | Field of Concentration        |                  |
| (4-year/2-year/technical) (Major) |                            |                               | (wiajui)         |

#### REQUIRED ATTACHMENTS

### **Academic and Scholarship Information:**

- For current high school students, an official transcript or letter from your guidance counselor stating that you have at least a 2.0 grade point ratio.
- For applicants who have graduated from high school within the past five years and have not enrolled in any post-secondary study, a copy of your diploma or equivalency and an official transcript or letter as described above.
- For students currently enrolled in a post-secondary institution, a current report of grades and courses. If this is unavailable, provide a statement from at least two instructors describing your academic performance to date. You may also provide a high school transcript.
- For adults planning to return to school, please attach a brief statement explaining your current academic goals. You may also include any information on circumstances that have contributed to your current decision, including financial hardship.
- A list of all tuition assistance you currently have or expect to receive for 1997-98.

## **Extracurricular/Community/Volunteer Activities:**

A list of your participation in extracurricular, community, and/or volunteer activities.

### **Personal Letter of Interest:**

A letter of one-page or less stating why you want to receive a Foundation Scholarship, what you
intend to do once you have completed your education, and any other information you would like
the Committee to know about you.

| I certify that all of the information contained in this application and attachment is accurate. I understand that the Foundation may verify all information I have provided as part of my application for this scholarship. |           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| Date                                                                                                                                                                                                                        | Signature |  |  |

Please mail all the required information and this form by April 1, 1997, to:

Scholarship Committee
The National Fallen Firefighters Foundation
P. O. Drawer 498
Emmitsburg, Maryland 21727